UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINIOS

In re: DANA A. APEL, SR. \$ Case No. 09-70303
RAGINA M. APEL \$
Debtors \$

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/02/2009.
- 2) The plan was confirmed on 09/18/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on 01/08/2010.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 07/09/2010, 06/03/2011.
- 5) The case was dismissed on 07/08/2011.
- 6) Number of months from filing or conversion to last payment: 25.
- 7) Number of months case was pending: 31.
- 8) Total value of assets abandoned by court order: <u>NA</u>.
- 9) Total value of assets exempted: \$36,880.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts: Total paid by or on behalf of the debtor	\$ 7,060.50
Less amount refunded to debtor NET RECEIPTS	\$ 0.00 \$ 7,060.50
NET RECEIPTS	\$ 7,000.30

Expenses of Administration:								
Attorney's Fees Paid Through the Plan Court Costs Trustee Expenses & Compensation Other	\$ 3,500.00 \$ 0.00 \$ 444.52 \$ 0.00							
TOTAL EXPENSES OF ADMINISTRATION		\$ 3,944.52						
Attorney fees paid and disclosed by debtor:	\$ 0.00							

Scheduled Creditors:						
Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	Scheduled	<u>Asserted</u>	Allowed	<u>Paid</u>	<u>Paid</u>
ATTORNEY GARY C FLANDERS	Lgl	3,500.00	3,500.00	3,500.00	3,500.00	0.00
WELLS FARGO BANK NA	Sec	8,000.00	9,504.25	2,046.57	2,046.57	0.00
INTERNAL REVENUE SERVICE	Pri	1,000.00	433.96	433.96	433.96	0.00
INTERNAL REVENUE SERVICE	Uns	0.00	1,931.52	1,931.52	89.13	0.00
ASSOCIATED BANK	Uns	420.00	NA	NA	0.00	0.00
ASSOCIATED BANK	Uns	500.00	NA	NA	0.00	0.00
COMED	Uns	600.00	1,249.45	1,249.45	57.65	0.00
ROCKFORD MERCANTILE AGENCY	Uns	1,500.00	1,727.04	1,727.04	79.69	0.00
CRUSADER CLINIC	Uns	650.00	NA	NA	0.00	0.00
FAMILY VIDEO	Uns	50.00	NA	NA	0.00	0.00
FERRELLGAS	Uns	300.00	NA	NA	0.00	0.00
ECMC	Uns	3,800.00	7,839.58	7,839.58	361.74	0.00
LIFELINE AMBULANCE	Uns	250.00	NA	NA	0.00	0.00
NEW VISION LASER CENTER	Uns	155.00	NA	NA	0.00	0.00
NICOR	Uns	7,000.00	NA	NA	0.00	0.00
PROFESSIONAL ACCOUNT & TAX	Uns	24.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	1,935.00	50.00	50.00	2.30	0.00
ROCKFORD HEALTH SYSTEM	Uns	250.00	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	Scheduled	Asserted	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
ROCKFORD HEALTH SYSTEM	Uns	4,100.00	NA	NA	0.00	0.00
ROCKFORD ORTHOPEDIC	Uns	320.00	NA	NA	0.00	0.00
SWEDISH AMERICAN HOSPITAL	Uns	650.00	663.85	663.85	30.63	0.00
PRA RECEIVABLES MANAGEMENT	Uns	760.00	310.05	310.05	14.31	0.00
US DEPARTMENT OF EDUCATION	Uns	8,000.00	NA	NA	0.00	0.00
VISITING NURSES ASSOC.	Uns	50.00	NA	NA	0.00	0.00
RENT-A-CENTER	Sec	0.00	NA	NA	0.00	0.00
CITY OF ROCKFORD WATER DEPT.	Uns	700.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:							
	Claim Allowed	Principal Paid	Interest Paid				
Secured Payments:							
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00				
Mortgage Arrearage	\$ 2,046.57	\$ 2,046.57	\$ 0.00				
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00				
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00				
TOTAL SECURED:	\$ 2,046.57	\$ 2,046.57	\$ 0.00				
Priority Unsecured Payments:							
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00				
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00				
All Other Priority	\$ 433.96	\$ 433.96	\$ 0.00				
TOTAL PRIORITY:	\$ 433.96	\$ 433.96	\$ 0.00				
GENERAL UNSECURED PAYMENTS:	\$ 13,771.49	\$ 635.45	\$ 0.00				

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Expenses of Administration \$ 3,944.52 Disbursements to Creditors \$ 3,115.98

TOTAL DISBURSEMENTS: \$ 7,060.50

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 09/20/2011 By: /s/ Lydia S. Meyer Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.